

WIOA Eligibility Application

PLEASE PRINT

BACKGROUND			
1. Name: Last: First: Middle:			
2. SSN:			
3. Parish:			
4. Address:			
5. City:	6. State:	7. Zip:	
8. Phone Number:	9. Email Address:		
10. Birthdate (MM/DD/YYYY):	11. Age:	12. Gender:	
13. Please indicate race:			
Please check Yes/No for the following questions:			YES
14. Are you married?			
a. If yes, indicate your spouse's name, occupation, and military status (if applicable):			
15. Were you previously deemed eligible under WIA or WIOA?			
16. Are you a U.S. citizen?			
17. Are you a veteran?			
18. Are you an 18 year old male registered with selective service?			
19. Do you have a documented or service related disability?			
20. Are you over the age of 25 and, have been charged with and/or convicted of a felony?			
21. Can you pass a drug test?			

EDUCATION		
Please check Yes/No for the following questions:	YES	NO
22. Have you applied for FAFSA/ Pell Grant and other financial assistance?		
23. Are you currently attending school, training, or educational classes?		
a. If yes, please list:		
24. Did you complete high school or get a GED?		
a. If not, what was the highest grade you completed?		
25. Have you received any education/training after high school?		
a. If yes, please list:		
b. Did you complete program(s)?		

INCOME					
Please check Yes/No for the following questions:				YES	NO
26. Are you a recipient of public assistance funding? If so, indicate below.					
a. TANF					
b. SNAP/Food Stamps					
c. Other (<i>Please list</i>):					
27. List all family members living in your house or home. Family - The term "family" means two or more persons related by blood, marriage, or decree of court, who are living in a single residence, and are included in one or more of the following categories: (A) A husband, wife and dependent children. (B) A parent or guardian and dependent children. (C) A husband and wife. Also list the monthly gross income for the last six months for each household member and attach check stubs. If no income, place 0. If answered "yes" to Number 26 above, no check stubs are required.					
Name	Age	Relationship to Applicant	Social Security Number	Money Received in past 6 months	
Applicant:		X			

27a. Continued:				
Name	Age	Relationship to Applicant	Social Security Number	Money Received in past 6 months

EMPLOYMENT				
Please check Yes/No for the following questions:			YES	NO
28. Are you currently employed?				
29. If No , were you laid-off from most recent employment?				
30. Are you eligible to receive Unemployment Benefits?				
31. Please list your previous employment. List your most recent job first:				
Employer:		Job Title:		
City and State:		From:	To:	
Job Duties:				
Hourly Wage:		Hours per week:		
Reason for leaving:				
Employer:		Job Title:		
City and State:		From:	To:	
Job Duties:				
Hourly Wage:		Hours per week:		
Reason For Leaving:				

Employer:	Job Title:	
City and State:	From:	To:
Job Duties:		
Hourly Wage:	Hours per week:	
Reason For Leaving:		

YOUTH		
Please complete the following section if you are between the ages of 14-24.	YES	NO
32. Did you graduate from high school?		
33. Are you in foster care or aged out of foster care?		
34. Are you pregnant or parenting?		
35. Have you ever been charged with and/or convicted of a felony?		
36. Are your parents/guardian currently incarcerated?		
37. Are your parents/guardian currently unemployed?		
38. Have you ever been required to repeat a grade level?		
39. Is English your first language?		
40. Are you a victim of sex trafficking?		
41. Are you currently homeless and/or a runaway?		
42. Have you been a victim of a federally declared natural disaster in the past five years?		

I certify that the information I have provided is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent Signature for Minor (14-17): _____ Date: _____

Guardian Signature for Minor (age 14-17): _____ Date: _____

WIOA Representative Signature: _____ Date: _____

(WIOA Representative Signature affirms that application is complete and all supporting documents are included)

Documentation Verification Checklist

Recommended documents for eligibility review/application completion and processing

Social Security Number Verification	Date of Birth and Age Verification
DD 214/Report of Transfer/Veterans	Birth Certificate
Administration Medical Card	DD 214/Report of Transfer/VA Medical Card
Letter from Social Security Administration	Driver's License
SS Card	Federal/State ID
W-2	Hospital Record of Birth
Passport	Passport
Military ID	Public Assistance/Social Service Records
Federal/State ID	School Records/Identification Card/Work Permit
Citizenship/Alien Status Verification	Family Income/Public Assistance
Alien Registration Card Indicating Right to Work	Check Stubs (Recent Six Months)
Birth Certificate	Employer's Statement (Company Letterhead)
DD 214/Report of Transfer(if place of birth is indicated)	Applicant Statement
Foreign Passport Stamped Eligible to Work	Food Stamp Record/Social Service Records
Hospital Record of United States Birth	Child Support
Naturalization Certification	SSI/SSDI
United States Passport	Other(specify)_____
Voter Registration Card	
Proof of Residence/ Address	Selective Service/Draft Status
Public Assistance Record/Social Service	Selective Service Registration Card
Records/School	Selective Service Verification Form
Utility Bill (current)	Stamped Post Office Registration Receipt
Dated Mail (recent postmark)	Internet On-line access/Verification
Driver's License (current validation)	(Printed verification copy)
Landlord Statement/Lease	DD214
Voter Registration	Selective Service Acknowledgement Letter/Request
Homeless (Primarily Nighttime)	
Disability Verification	Education/Prior Training Verification
Documentation from Vocational Service Agency	School Verification Form
Doctor's Medical Statement/Evaluation Summary	High School Diploma/Credential
Formalized Assessment (Medical/Educational)	GED/HISET Credential/Documented Statement
	College Diploma/Credential
	Other Certifications/Credential